



**PROCEDURES FOR APPLYING FOR  
ST. LUCIE COUNTY  
CLASS "B" CERTIFICATE OF TRANSPORTATION  
(Driver)**

1. Applicants for St. Lucie County Motor Carrier Permits shall comply with the following requirements:
  - A. Provide the Public Works Director with the following:
    1. A completed application
    2. Two (2) current full face passport type photographs of the applicant.
    3. A complete set of fingerprints for the applicant.

Fingerprints can be taken at:

St. Lucie County Sheriff's Department  
Identification Bureau  
4700 W Midway Road  
Fort Pierce, FL
    4. A copy of a valid State of Florida driver's license of the appropriate classification for the vehicle driven.
2. Applicants shall provide proof of payment of the required application fee of \$100.00. Check must be made payable to St. Lucie County.
3. Applicants shall provide a check in the amount of \$24.00 made payable to the Florida Department of Law Enforcement.
4. For any further information pertaining to this application, please feel free to contact Summer Hernandez at (772) 462-1672 or Bela Mean at (772) 462-1673.

## **STANDARDS FOR REVIEW**

1. The applicant must be at least eighteen (18) years of age.
2. The applicant must have no conviction or plea of nolo contendere, within the preceding five (5) years to any of the following:
  - A. Any crime involving the sale or possession of controlled substances as defined in Section 893.02, Florida Statutes (1993).
  - B. Any crime defined by Chapter 796, Florida Statutes (1993) related to prostitution.
  - C. Any offense related to driving under the influence of controlled substances or alcohol as set forth in Section 316.193; Florida Statutes (1993).
3. Have no conviction, or plea of guilty or nolo contendere, to any criminal offense or felony involving the use of deadly weapons unless the civil rights of the applicant or certificate holder have been restored.
4. Have no revocation or suspension, within the preceding three (3) years of a State of Florida driver's license.
5. Have no more than two (2) traffic infractions resulting in accidents in the preceding three (3) years.
6. Have no more than four (4) convictions of moving traffic violations in the preceding eight (8) years.

App. Fee: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt: \_\_\_\_\_

DO NOT WRITE ABOVE THIS LINE

## CERTIFICATE OF TRANSPORTATION CLASS "B"

Applicant's Full Name:			
Address:			
City:	County:	State:	Zip:
Email Address:			
Date of Birth:		Place of Birth:	
Citizen of United States:		Yes ( )	No ( )
Telephone Number: ( )		Social Security Number:	

The name and address of the individual, partnership, association, corporation, or other entity that owns, controls, operates, exercises dominion over, contracts for, or manages the motor vehicle(s) which will be operated by the applicant to provide passenger transportation services to the public for compensation.

Name:
Address:
Business Phone Number: ( )

List all motor carrier certificates, certificate of transportation, or authorizations granted or denied to the applicant by a governmental entity within the preceding three (3) years.


**(PHOTO)**

Re: Collection of Personal Information

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and benefits information are not subject to Florida's public records laws and are not furnished to anyone, unless properly subpoenaed by a court of law or provided to an agency whose need for the social security numbers are necessary to carry out their function. Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

1. To process and report wages pursuant to the Social Security Administration Act
2. To report income pursuant to the Federal Department of Internal Revenue Service
3. To follow the guidelines set forth by the U.S. Citizen and Immigration Service
4. To initiate and process applicant or employee background checks
5. Drug Screening Test Identification
6. Process employment benefits including, but not limited to, Health Insurance, Florida Retirement, Income Reporting, Unemployment Compensation and Worker's Compensation.

## **AFFIDAVIT**

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED \_\_\_\_\_, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
SIGNATURE OF NOTARY